**Palliative Care claiming:**

**Halton:**

* Claim form to be sent to: [halton.talk2us@cheshireandmerseyside.nhs.uk](mailto:halton.talk2us@cheshireandmerseyside.nhs.uk)
* Emails should be highlighted – “For the attention of Halton Medicines Management Team” in the Subject line.

\*\*Please note if submissions have been made on old or out of date paperwork this may have delayed processing with the NHSBSA.\*\*

|  |  |  |  |  |  |  |  |  |  |  |
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| **Annual declaration from**  **Provision of On Demand Palliative Care Medicines by Community Pharmacists under the NHS Cheshire and Merseyside ICB Halton Place agreement.** | | | | | | | | | | |
| **Date** | | **Description** | | | **Pharmacist (print)** | | | | **Claim (£)** | |
|  | | **Annual retention fee £1000** | | |  | | | |  | |
|  | **Please provide**   * **Declaration that you have an SOP relevant to this service** * **Number of significant events in the last 12 months** * **Copy of CPPE e-assessment** | | | | | | | | |  |
|  | **Service provider stamp** | |  | **I confirm that I have complied with the quality indicators required for the service during the previous 12 months and  the above claim is legitimate and in accordance with the service level agreement.** | |  | **For office use only** | | |  |
|  |  | |  |  | |  | Budget code |  | |  |
|  |  | |  | **(Pharmacists signature on behalf of the service provider)** | |  | Authorised by |  | |  |
|  |  | |  |  | |  | Date paid |  | |  |
|  |  | |  | **(Date)** | |  |  | | |  |
|  |  | |  |  | |  |  |
|  |  | |  | **(PPA service provider contractor code)** | |  |  | | |  |
| **Return to: Halton Medicines Management Team, NHS Cheshire and Merseyside, Halton Place, No. 1 Lakeside, Centre Park, Warrington, WA1 1QY. Email:** [halton.talk2us@cheshireandmerseyside.nhs.uk](mailto:halton.talk2us@cheshireandmerseyside.nhs.uk) | | | | | | | | | | |

Expired stock:

Both forms to be completed below and sent to: [halton.talk2us@cheshireandmerseyside.nhs.uk](mailto:halton.talk2us@cheshireandmerseyside.nhs.uk)

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| **Audit form for the provision of On Demand Palliative Care Medicines by Community Pharmacists under the NHS Cheshire and Merseyside ICB Halton Place agreement.** | | | | | | | | |
| **Date** | **Expired stock (please list)** | | | **Pharmacist (print)** | | | **Claim (£)** | |
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|  |  | | | **Total Due** | | | £ | |
|  | | |  |  | |  |  | | | |
| **Service provider stamp** | | |  | **I confirm that all the above claims are legitimate and are in accordance with the service level agreement.** | |  | **For office use only** | | | |
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|  | | |  | (**Pharmacists signature on behalf of the service provider**) | |  |  | |  | |
|  | | |  |  | |  |  | | | |
|  | | |  | (**Date**) | |  |  | | | |
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|  | | |  | (**PPA service provider contractor code**) | |  |  | | | |
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**Return to: Halton Medicines Management Team, NHS Cheshire and Merseyside, Halton Place, No. 1 Lakeside, Centre Park, Warrington, WA1 1QY. Email:** [halton.talk2us@cheshireandmerseyside.nhs.uk](mailto:halton.talk2us@cheshireandmerseyside.nhs.uk)

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| **INVOICE – NHS Cheshire and Merseyside ICB Halton Place - ODAP Service** | | | | | | | |
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| **Supplier Details** | | | | Invoice Number | |  | |
| Invoice Date | | \_\_/\_\_/\_\_\_\_. | |
|  | | | | | | | |
| **Invoice to Organisation Details**    **XXQYGPHALTON**  **NHS Cheshire and Merseyside ICB QYG PAYABLES M845**  **PO BOX 312**  **LEEDS**  **LS11 1HP.** | | | | **Delivery Address** | | | |
|  | | | | | | | |
| **Account Number**  **(PPA service provider contractor code)** | | | **Cost Centre & Subjective** | | | **Terms** | |
|  | | | **946173 521610003 96503** | | |  | |
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| **Quantity** | **Description** | | | | | **Unit Price** | **Amount** |
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| Invoice Payable to: | |  | | |
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| Remittance email address: | |  | | |
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| Supplier Comments or Instructions: (XXXXXXXXXXXX) | | | | | | | |
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| **Before submitting your Invoice, please check it complies with the following:**    ● Clearly quotes the full and correct Payables Address of the NHS Organisation receiving the goods / services. Go to www.sbs.nhs.uk for further details and Trust information.  ● Clearly States if it is an Invoice or Credit Note  ● Provides clear details of the organisation submitting the invoice and includes the remittance address.  ● Provides clear details of all Goods / Services billed  ● Quotes the NHS Purchase Order (PO) Number where applicable or the Trust Contact Name  ● Is Legible  ● Has a Valid Invoice Date (Tax Point) and Invoice Number  ● Clearly states the Payee  ● Has the correct VAT Calculations (Handwritten Invoices in Particular)  ● Invoice Adds Up Correctly (Handwritten Invoices in Particular)  ● Includes the relevant supporting information, for example timesheets.    **No personally identifiable data should be included on an invoice.**  **This includes any Patient names, NHS numbers and addresses** | | | | | | | |
|  | | | | | | | |
| **Return to: Halton Medicines Management Team, NHS Cheshire and Merseyside, Halton Place, No. 1 Lakeside | Centre Park | Warrington | WA1 1QY Email:** [halton.talk2us@cheshireandmerseyside.nhs.uk](mailto:halton.talk2us@cheshireandmerseyside.nhs.uk) | | | | | | | |
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